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AA  
 \*\* CONTINUING DATA \*\*\*\*\*

AA  
 \*\* FOREIGN APPLICATIONS \*\*\*\*\*

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 IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>Alyssa M. Alt</u> Initials _____				

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## TITLE

Therapy triggered by prediction of disordered breathing

FILING FEE  RECEIVED 2530	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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